PATENT APPLICATION FEE DETERMINATION RECOR									Application or Docket Number					
Effective October 1, 2003								10764992						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THAN		
	TOTAL CLAIR	MS					7	RATI	r F	FEE	اه خ		L ENTITY	
	FOR		NUM	NUMBER FILED		NUMBER EXTRA		BASIC		385.0	$\dashv$	-11/11	FEE 77.0.00	
Ŀ	TOTAL CHARC	SEABLE CLAIM	s 54	54 minus 20=		. 34		XS 9	7		7			
l u	NDEPENDENT	CLAIMS	7	7 minus 3 =		. 0		X43=		301	e OF	XS18=	<del>-</del>	
<b> </b>	IULTIPLE DEP	ENDENT CLAIR	PRESENT	RESENT				A43=			OF	X86=		
-	* If the difference in column 1 is less than zero, enter *0* in column 2							+145=	4		OF	`L		
	CLAIMS AS AMENDED - PART II								L	691	OF	- · · · · -	<u> </u>	
_	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						<u>)</u>	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		REMAINING AFTER AMENDMEN	1	NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
S	Total	- 54	Minus	- 5	4	= 0		X\$ 9=			OR	X\$18=		
AM	Independent		Minus	***	3	= 10		X43=	1		OR	X86=	<del>                                     </del>	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								T		OR	+290=		
	(Column 1) (Column 2) (Column 3)							TOTAL				TOTAL	<del> </del>	
								ADDIT, FEEOH ADDIT, FEE						
AMENDMENT B	-	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA		RATE	TI	DDI- ONAL		RATE	ADDI- TIONAL	
ENDA	Total Independent	. 37	Minus	- 5	4	<u>₽</u>		X\$ 9=	ľ		OR	X\$18=	FEE	
A		NTATION OF M	Minus ULTIPLE D	EPENDENT C	LAIM	6		X43=.	·		OR	X86=		
								+145=			OR	+290=	•	
		•		٠.			AC	TOTAL DIT. FEE	L		OR A	TOTAL DDIT, FEE		
. 1	`	(Column 1) CLAIMS		(Column		(Column 3)		•						
AMENDIMEN C		REMAINING AFTER AMENDMENT		PREVIOUS PAID FOI	ELY	PRESENT EXTRA		RATE	TIO	DDI- NAL		RATE	ADDI- TIONAL	
	Total	•	Minus	**		=		X\$ 9=	<u> </u>	EE	}	X\$18=	FEE	
	ndependent	•	Minus	244	- 1	-	$\vdash$	X43=		_	OR			
11	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT FEE														
.11	אורה גרוולנטאבצו ואחנו	nber Previously Paid ber Previously Paid	ID FOR IN TH	IS SDACE IN IM		2		OIT. FEE	ropri		DR AE	OUT. FEE		
_	TO-875 (Rev. 10)													

Application or Docket Number